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ABSTRACT

This paper examines the issues for the group psychotherapist in relation to the training of the newer mental health worker. There is emphasis on the behavior and philosophy of the group psychotherapist in relation to the institution he is working in, the student he is teaching and his committment. Examples are given in an academic setting, a field placement setting, trainees within the institution and total staff training. (Author)

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WHAT ELSE IS NEW?

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THE GROUP PSYCHOTHERAPIST AND THE TRAINING OF THE NEW MENTAL HEALTH WORKER

WHAT ELSE IS NEW?

The increasing proliferation of published material related to the use of the new mental health worker documents the value of his skill in providing a range of services benefiting the client.[1] The phrase "New Mental Health Worker" does not differentiate or specify who is included or excluded. The term implies, for me, a twofold meaning; those without formal credentials and those recruited from the community without formal credentials to be included in the field of human services. Both of these span the range of the non-credentialed worker, whom I will call the new professional (i.e., sub-professional, para-professional, new careerist, indigenous worker, etc.). In addition, there are also those who have been included in mental health facilities who are being reviewed, re-examined and re-groomed for a more therapeutic and significant role in relation to patient care: the psychiatric aide, the staff nurse, the R.N., the occupational therapist, and the social worker. There are now being developed alternate models for services to the consumer rather than the traditional patterns of service through the medical model which mandates this re-alignment of task.

The continued (multiple and complicated) problems of training new mental health workers (and old professionals learning group techniques) present unique challenges and opportunities to the group psychotherapist. The lack of correlation between formal education and work performance has been cited in relation to the new mental health worker.[2] Formal education does not normally teach the empathy that living teaches. This presents a challenge to the group psychotherapist in transmitting knowledge about the working of groups. This knowledge can be applied to a variety of settings with a mixture and range of personnel with varying degrees of training and credentials.

The work of June Jackson Christmas in training new professionals through group methods demonstrates and delineates the issues, methods for training, and deployment into effective service.[3] The relevance of the group psychotherapist is obvious when methods of service use the social process as a therapeutic vehicle and training methods use group interaction and group reinforcement. This training develops a sense of identity. Moreover, value in their work which facilitates better communication with others and translates understanding and knowledge into therapeutic behaviors. The most important aspect of our training says Roberta Boyette, was our courses in clinical seminar, human relations training and most importantly, social systems.[4] All were done through the group approach.

There is an increased emphasis on group process learning, whether it be sensitivity training, Tavistock or encounter. This delineates further the issues in the training of new mental health personnel with resounding implications for the group psychotherapist to pioneer, to research, to study and to develop guidelines. Nancy French found in her work with nursing personnel that further evaluation of the decision to use sensitivity training rather than the Tavistock method was indicated.[5] A major issue for individuals and staff groups is their response to those in authority positions. Group techniques in training serve a threefold purpose:

1. As an educative matrix for the development of group identity. This promotes cohesion and establishes an important sentient group for trainees. The dilemma is that inadvertently the group member who can not "fit with peers" may be wiped out.
2. To learn about psychological processes in groups including peer interaction reflecting democratic values and authority relationships dealing with realities and fantasies.

3. To learn more specific intervention techniques such as, encounter, sensitivity, psychotherapy and other techniques. It is important for trainees and trainers to learn that experience in one area does not necessarily carry on into another.

The major issues involved are those of a philosophical nature which will determine whether or not as group psychotherapist we can be relevant and make a worthwhile contribution through the development of a new model.

Inherent in this is the responsibility for the group psychotherapist to recognize and address himself to the increasing tensions between new personnel, new training and traditional mental health practice. There is increasing evidence (and has been for years) that traditional models for service delivery are not congruent with the needs of all consumers. This is particularly true when traditional services attempt to incorporate the new mental health worker and go on with business as usual. The negative impact of this stance can clearly be seen in the absence of career ladders, the acculturation process which defrocks the new mental health worker from his unique contribution, the determination of professionals to maintain the status-quo and the all too obvious denial that our society is still a world of credentialism.

Before the group psychotherapist can determine what role he can play, he must ask himself the following questions:

1. Where do we recruit?
2. Who do we recruit?
3. Who is going to have the overall responsibility for training?
4. Who is going to train them?
5. What are they going to be trained for?
6. How will curricula be developed?
7. Are jobs available?

8. How to get old professionals to accept them?
9. What can I do to develop career ladders?
10. Are there legal responsibilities involved that have to be overcome?
11. What changes must I make?

The group psychotherapist must review his own philosophy and resolve the question of what he is training for. The opposing educational philosophy relevant to training newer mental health workers is based on: (1) whether the individual should accept the social order as it is; or (2) whether each individual has responsibility for improvement of social conditions.[6] French points out that frequently, training programs are built on the first while articulating commitment to the second.[7] If this be the case, as group psychotherapists, we are in conflict and need to re-think our own position before deciding our "place" in the training of the new mental health worker and understanding the institution in which we work.

My position reflects the philosophical underpinning that each individual has the responsibility for the improvement of social conditions. The inference in this statement reflects a value that training has not frequently been effective because of the ambivalent bases on which training has been established. This ambivalence has permeated and perpetuated the dilemmas, issues and conflicts arising with the institution, the professions and the new mental health worker. Unless we can come to grips with this, our role will be limited, half-hearted and will promote a game of charades. We must recognize that we do not know all and learn that we too have to alter. This alteration will be in the area of increased familiarity with the outer world of the consumer rather than with continued preoccupation with the ~~intra~~ inter psyche. This will promote our growth in developing a more adequate psychosocial model of assessment which will determine the type of therapeutic intervention. The specific role of the group psychotherapist can contribute, enhance and educate

in the areas designated as the core of competence. These areas are knowledge, skill, attitudes and values. What knowledge is needed? What skills are needed? What attitudes and values are necessary?

The underlying premise for working with groups is related to assumptions that the group psychotherapists needs to continually ascertain with himself and those he is attempting to train. Included are the cooperative and democratic aspects, (for people who may have had negative experiences with authority) roleplaying rather than process and the wholesome atmosphere which promotes growth and development. Issues of self-esteem, self-worth, recognition and the reinforcement of the contribution that can be made by the trainees is essential. Equally important is the understanding of institutions with particular emphasis on organizational arrangements, boundary and task issues. Unless this is a part of the armamentarian of the group psychotherapist, it will be impossible for any group technique, whether it be discussion groups, T-Groups, large groups, intra groups, psychodrama, encounter groups, hostility groups or traditional analytical groups to be effective. Correspondingly, the group psychotherapist must reduce his distance from and take the decided stance that he too can learn. Unless he is able to demonstrate and convince his trainees of his humanistic qualities and reduce his ability to hide behind "professionalism", he will not become effective in his performance.

Several examples to illustrate the role and stance in an academic setting, a placement setting and a work setting will follow.

The author was asked to participate in a developmental program for the non-professional in the community service institutions, sponsored by a local college. The course to be taught was called, Urban Sociology. The class was composed of eighteen students of whom thirteen were black and five were white. All were employed full-time in a variety of service agencies as social work aides, casework

aides, administrative aides, personnel assistants, community organizers, psychiatric aides and secretarial positions. The content of the material to be covered was obvious, however, the challenge was how to present the material in a manner that would maximize, develop and motivate the students to the challenge. On the first day of class the author introduced himself and announced the title of the course. He then asked what they expected to learn by attending this class on Urban Sociology. All students sat with notepads and pencils poised. One student responded saying, "I am here to learn from you". The author inquired as to the thinking of the rest of the class and they agreed. His response was, "No", they were not here just to learn from him but we were here to learn from each other, pointing out that most of them had lived in urban areas all their lives. The course would not be a lecture course. 'What are your expectations having read the course description". Discussion began. As it became clear what they had in mind, The blackboard was utilized, indicating a column called course objectives. When, after considerable discussion, they had listed six objectives, disagreement then agreement, the author then produced a set of objectives that had been worked out prior to the meeting of the class. These were listed on the board beside theirs. With the exception of the language, they said essentially the same thing. The rest of this initial class period was spent in consolidating the two list of objectives into one with the same language that we all understood. After this negotiating process, student expectations were spelled out and the course began.

As the course progressed, the content material was blended with a variety of group approaches. Students reflected their motivation by: high attendance, few absences, completed assignments, early arrival and late departure. Language and academic skills were uneven in the group. Many students felt, sensed and behaved as though they were inadequately prepared for this level of work and questioned

their ability to achieve. As teacher, the author was quite active in, pulling them out, offering support and presenting a challenge. As much as possible the author used the materials that they were familiar with, relying on their practical experiences and putting it into a theoretical context. A variety of group techniques were utilized, including roleplaying and fishbowl. They were encouraged to work out group arrangements for given tasks such as book reports and what agencies to visit. Input like these were later analyzed in class and they were helped to understand themselves and their own behavior in the context of doing their tasks. The demographic data of the class was examined in relation to the course. The students analyzed behavior in relation to whites being in a minority. The students were told to select any book that related to city living for a book report. So they asked: "Do you have a reading list for us?" When this was not forthcoming, the books selected represented a broad range of urban problems. These assignments were first worked on in small groups and then in relation to the larger group for presentation. The midsemester exam was a standardized one. Grades ranged from 93 to 50. The exam results reflected for those who did poorly a lack of basic language skills and an unfamiliarity with testing procedures. By the end of the semester all students had shown remarkable progress, many of them doing college level work, while a few needed remedial work. It seemed inappropriate for them to continue further courses without a language skill course. There was a cohesiveness about the group, motivation and a constant inquiry as to whether the author would be teaching the next course.

The next semester the author did teach the second course, however, of the three sections of this developmental program, it was felt that he should have another grouping. However, a number of the students did manage to get into the class. This course was titled, Human Behavior and Organization. Again, the material to be covered was obvious, however, the challenge was the approach and methods used.

The class was approached from the point of view of being an organization. The same negotiation procedures were reflected. Looking at the class as an organization and looking at their own particular service agency was the major content, and it was augmented with textbook material. The cross-section of agencies ranging from welfare and poverty programs to more traditional agencies made a rich resource of material. The focus and motivating factor as to where these students were reflected the need to have some knowledge as to how to become change agents. This also was encouraged and incorporated. Information and knowledge about change agentry skills were taught. Sensitivity training, roleplaying, small group processes were utilized. The students were required to describe their organization and indicate whether or not there needed to be organizational change and how they would go about doing it. The range of agencies from welfare to family service to mental health centers to the housing authority contributed greatly, enhancing opportunities to broaden their knowledge of the service agencies in the community and how to use them effectively.

Another example is that of agreeing to teach a course to eight new careerists who were placed by the central poverty agency in a community mental health center setting where the author was employed. To augment their placement three courses were offered by faculty at the center. The author agreed to teach a course called, Health and Welfare Systems, with a focus on trainees becoming familiar with the network of community resources. This contract with the students was re-negotiated after the first month. Issues of thriving, surviving and learning in the complexity of the facility they were in necessitated a re-appraisal. The course was re-titled, Social Systems and Human Behavior. The chief focus was learning the overall institution they were in, the role they played, what they could get out of it and how not to lose those qualities which were pertinent to working with people in the

process of becoming acculturated. There was immediate relevance of the practical to the theoretical. When put into the context of their everyday learning, since each was on a different unit within the building, their overview of the institution was facilitated, and it helped them to see quickly the inequities within their placement as well as the inequities within their overall program. Equally evident was the opportunity to learn a range of saleable clinical skills. The class was composed of eight; six black females, one white female and one black male. Initially the group was not a group. As they were able to talk with each other, became comfortable within the atmosphere, feeling and perceiving that they could play a major part in what it was they were to learn, they became responsive, cohesive and dedicated. Rather than assigning a text, pertinent articles related to social systems theory and human behavior were xeroxed and distributed. Their first-hand experience with welfare, schools and other institutions of the community were reviewed. Numerous articles on institutional racism were devoured before the next class with frequent requests for more reading material. As this group's self-esteem improved, they began demonstrating leadership skills within their setting and within the total program of new careerists. Their activism was maintained despite the institutional sets. On one floor in which two of them were placed, all staff and all students, with the exception of the new careerists, had keys to the bathroom. The correlation the new careerist drew between this fact and how they felt they were viewed and treated was important. They felt they were being perceived and viewed as patients since these were the only two populations on the floor who did not have keys to the bathroom. Medical students came and went, always having keys as did other "professional" students. The process by which they handled this was prime data for the class on Social Systems. The resulting difficulty agitation and final declaration by the Director of the center saying that no bathrooms

would be locked in the building was perceived by them as an achievement for and by them. The fact that they intervened without the author's doing it for them was significant. This group became the nucleus of the total new careerists group within the city wide program and was able to organize the entire new careerists to raise fundamental questions about the program they were in. Questions such as, whether or not there would be jobs when they finished their training, what was the contractual arrangement for money, what college courses would they have for credit. As the year progressed, it became evident that they were learning skills and knowledge, which they were applying to their job and to their self-development. A group term paper was demanded as a requirement. This group and faculty had undertaken the project of trying to secure college credits for the three courses they were taking in their placement through the community college where they were taking basic courses. The author upon reading and hearing about their ideas for a group project encouraged them to write further. It was his suggestion that they "abstract" what it was they thought they were going to write and submit it to a national organization. This abstract was accepted at a national conference. The impact on the new careerists and the institution re-aligned their status temporarily. On floors where they had been all year they were now viewed differently. "They had a paper accepted for presentation". The formal course terminated; however, there was considerable difficulty with the instructor as well as the new careerists terminating. As a result of the paper, their relationship was re-defined and the instructor became their consultant, meeting infrequently with them in and around the task of their paper. This relationship continued until after the actual presentation, with still some involvement in their learning how to handle requests that come in for copies of the paper.

In view of the author's particular relationship with this class, he no longer would accept speaking engagements to talk about the "para-professional" without inclusion of a new professional who would earn the same honorarium. Initially, class members were resistant and shy and felt unable to handle this; however, each one did have an opportunity for this kind of experience to learn and to be on their own for such a task.

In yet another instance the author was asked to teach a course on "Community Organization" for a group of black former drug addicts who were [redacted] employed as counselors in a program. In the preliminary negotiations, he attempted to establish what university or college this program was affiliated with. Secondly, he tried to find out whether or not this was a course that could be set up for college credit since all of the young men were bright. Most of them had high school degrees or equivalencies. Before the second question could be resolved, the author's name had been given, and the men arranged to meet. During the initial meeting the author discussed the constraints mentioned and the importance of them. It also became quite obvious that they were experiencing internal problems within their organization that smelled of paternalism, racism and the need to groom one's own soul protege. As Robert Tucker noted:

> "Soul protege - is a black para-professional who is handpicked and personally guided to a middle management quasi position by a white neo-liberal executive. Proteges normally do not possess the standard credentials for the new position and maintain their precarious new status at the pleasure of the executive. 8

The course was not going to be given college credit which was shared with the group. Under those circumstances the author would not teach the course. However, if there was some reason or some need for them to continue to meet he would do so.

We met regularly for a period of several months, seldom getting into the issues of community organization. Mostly, we dealt with issues of their rehabilitation, kinds of work experiences and frustrations they were encountering, the lack of true mobility in career lines and the ever pervasive effects of racism and how they could deal with such issues without losing their cool or blowing what it is they might have.

The place of the group psychotherapist is as crucial and relevant within the context of the institution that is training for new tasks. It becomes evident when looking at the range of personnel who may be involved. This includes the new professional, students of varying disciplines and the disciplines themselves. Reference is made here, specifically to the introduction to a rather traditional inpatient service in a community mental health center moving toward a short term hospitalization with group as the primary method of intervention. The re-alignment of personnel is crucial since first year residents had been removed from the service. Training is required for all other personnel, not only in having to function without the traditional resident, but also staff taking on new task and responsibility. The core staff is now comprised of psychiatric aides, R.N.s, L.P.N.s, social workers, O.T.s, social work students, graduate nursing students, undergraduate medical students, divinity students and a variety of volunteers. Encompassed in this array of staff was appropriate medical coverage with a psychiatrist as ward chief and two part-time third year residents. As the unit moved from a long term unit to a 30-day unit, the task became threefold; 1) learning crisis theory; 2) learning new roles; and 3) their application to the setting. The training issues involved are not unlike those in dealing with the new professional. The challenge comes in being able to deal with and teach

effectively mental health clinicians who may have a range of knowledge, but little skill in the area of understanding groups. Issues immediately become that of resistance based on lack of knowledge and more familiarity with the one-to-one model, working as a team and leadership issues. In instances, where it is appropriate for the task to be done, for example, by a psychiatric aide rather than an R.N., how do we compensate financially for this increased responsibility and authority? Pay scales are still based upon credentialism rather than functionalism. The issues of group training in several arenas for reinforcement and change became necessary. The group psychotherapist arriving at his place must consider the same issues as stated for training with any other personnel.

The group psychotherapist must take a meaningful place in the training of the newer mental health worker, provided he is as concerned (and sophisticated) in promoting growth, development and survival of this group as he is in imparting knowledge and skill. The group psychotherapist must broaden his base, particularly philosophically and be able to address himself to the realities of the organization (and institution) in which he is employed. A knowledge of systems theory and organizational change must be at his command. The group psychotherapist must believe in what he is doing and be prepared to demonstrate and to defend his stance. He must forever be aware of himself and avoid paternalism, reverse parochialism and allow new professionals the opportunity to learn to negotiate their own boundaries. More specifically, the place of the group psychotherapist is: (1) Displaying the belief and enthusiasm that it can be accomplished, exuding confidence and reflecting expectation that trainees can do it; (2) Encouraging the newer mental health worker to maintain his unique contributions; (3) Transmitting leadership, decision-making, interpersonal competence and group formation skills;

(4) Facilitating development of trainees' cognitive processes; (5) Be continually behind trainees - more than encouragement and support but insistence; (6) Availability when needed to help them think through their situation; (7) Combining successfully friend-teacher-consultant; (8) Encouraging trainees to negotiate their own boundaries and limits and not do it for them; (9) Maintaining focus on saleable skills; (10) Maintaining the reality of credentialism in this society, but work on strategies to cope with it effectively; (11) Avoiding participation in the process (or knowledge) to cool-out, isolate, compartmentalize unless taking a stance of honesty with those you are training; (12) Taking responsibility for letting the institution know what they are doing and what impedes the progress or incorporation of this resource pool for help into the mainstream of health giving services.

What else is new? Our concern, our commitment, our determination, and our ability to move off the dime for change.

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